



King County

VETERANS AND HUMAN SERVICES LEVY 2008 STRATEGY AREA ANNUAL REPORTS

Activity 2.1(a-2)

Selected Service Improvements to Chronically Homeless People (Seattle)

OBJECTIVE

The Levy's investment in Strategy 2 focuses on ending long-term homelessness through a variety of interventions including identification, outreach, prevention, housing, supportive services and education. The objective of Activity 2.1 of the Veterans and Human Services Levy is to identify, engage and house people who have been chronically homeless over the long term. This specific sub-activity, 2.1(a-2) has been focused on those who make the highest use of public safety and emergency medical systems (page 19 of the Service Improvement Plan (SIP)).

This report is one of four sub-activities to address this strategy. This activity implements a set of investments that were proposed during 2008 to improve the coordination of homeless outreach, engagement, and entry into treatment and housing for a subset of homeless single adults in Seattle (page 19 of the SIP). Investments were focused in particular around a group of services that has become known as the "service array for chronic public inebriates." These services are managed by the Mental Health, Chemical Abuse and Dependency Services Division, and include:

- **Emergency Service Patrol (ESP)**, which picks up intoxicated people off the streets
- **Dutch Shisler Sobering Support Center (DSSC)**, which provides a safe place to sleep off the effects of intoxication
- **REACH Case Management**, an intensive case management service provided to the most frequent users of the Sobering Service
- **High Utilizer Group (HUG)**, that meets to conduct individual case planning for the most challenging clients.

Staff and providers participated in a process to examine the changes that were needed and desired in the above services, and then developed a set of planned changes and the rationale behind them. This report summarizes the proposals and outlines the allocation of levy funds to these programs. The majority of levy funds in this strategy area have been awarded via competitive bid to community-based agencies.

While this redesign is somewhat complex, the Levy's SIP called for strategies to "challenge existing fragmentation," to "fill existing gaps in services and continuums of care" and to "build on existing successful programs or structures." This redesign meets all of these criteria.

POPULATION FOCUS

The population focus for this strategy area is homeless individuals in Seattle who experience primary substance abuse disorders, and who may or may not have co-occurring mental disorders. (In the past few years, interventions for those with serious mental illness have been expanded through other resources and are now being implemented.) Many of these individuals currently:

- Make frequent use of programs such as the Sobering Center or Needle Exchange
- Spend time on the streets, in libraries, in parks, and in day programs
- Make frequent use of emergency department services in hospitals
- May be cycling through the justice system and at various times are engaged in court related programs (voluntary or mandatory).

Within this subset of homeless people, veterans are a population of focus. Currently, veterans account for 21% of the clients on the caseload of the intensive case management program (REACH) for high utilizers of the Sobering Center. In 2006, Health Care for the Homeless provided services to 446 veterans, of whom 423 were single adults. The majority were engaged in downtown Seattle shelter and medical program sites.

PROGRAM DESCRIPTION

Staff and providers made the following recommendations to improve and enhance services.

King County Emergency Service Patrol (ESP). The role and responsibilities of the ESP van will be modified. The van will return to 24/7 service, and staff will provide more proactive outreach and an expanded transportation role in addition to its current functions. It will continue to transport intoxicated persons to the Sobering Center. Current job descriptions of ESP personnel will be updated to include proactive outreach, and ESP personnel will be mobile and trained in skilled outreach to intervene with any individual on the streets appearing homeless and or in need of assistance.

REACH Case Management. Interdisciplinary REACH case management services will continue and be expanded. In addition, the program will provide intensive case management and health services to people with chronic substance abuse problems, taking referrals from the Sobering Center, hospital emergency departments, and the High Utilizer Group. Several key improvements will be made to the program, including:

- Moving the team's home base out of the Sobering Center due to overcrowding, although some members of the team will still provide on-site services at the Sobering Center.
- Developing mechanisms to share client information (e.g, through use of compatible/shared case management software).
- Clarifying procedures and working agreements.
- Expanding the definition of the criteria needed for clients to receive case management services and hours of availability.
- Clarifying criteria under which a client is transitioned off the case management caseload. A basic principle will be that the program, wherever possible, will actively work toward helping clients establish effective relationships with staff in treatment and housing agencies so that clients can transition off the intensive case management program over time. This is needed in order to free up capacity to accept new clients. The team may need to continue supporting some clients who have Shelter Plus Care or who have needs not otherwise supported by their housing provider.

Dutch Shisler Sobering Support Center. The Sobering Center will continue to operate 24/7 and continue to provide sleep off services. Services will be expanded to actively serve those addicted to other drugs. Given the 24-hour nature of the service, specific changes will be made to the Sobering Center's role during daytime hours. Daytime activities will include substance abuse assessment and treatment services, drop in services, and diversion for low level non violent offenders in need of substance abuse services as opposed to incarceration.

In addition, individuals who repeatedly use sobering and/or case management services will be enrolled in treatment. The intent is not to bar people from sobering services—the facility needs to continue to serve a sleep-off function to prevent the people and costs from shifting to other systems—but rather assure that each time someone visits the center, an approach is made to engage the individual.

Treatment activities will include services from a full continuum of substance abuse interventions. These interventions will include harm reduction activities, motivational interviewing, out patient treatment,

detoxification and/or residential treatment. To address individuals who repeatedly and frequently use the facility, specific criteria will be established (e.g., a certain number of admissions) that triggers a referral to the Chemical Dependency Involuntary Treatment Services (CDITS) staff co-located at the facility. CDITS personnel will present the case at the High Utilizer Group (HUG) for case staffing and, if appropriate, initiate involuntary treatment.

PROGRESS DURING 2008

King County Mental Health, Chemical Abuse and Dependency Services Division is in the process of recasting sobering services with the goal of strengthening the availability, quality, and coordination of services for homeless persons with chronic substance use disorders. The Dutch Shisler Sobering Support Center (DSSC) will continue to serve as a safe and secure place for people to sleep off the acute effects of intoxication. It will also serve as a center for clients to access case management services, outpatient chemical dependency treatment, and assistance to move towards greater self-determination. Through a competitive bid process, Pioneer Human Services (PHS) was selected to provide sobering and outpatient treatment services, beginning January 1, 2009.

Other services onsite at DSSC include:

- **Emergency Service Patrol (ESP).** ESP returned to 24/7 service on July 6, 2008. The main duty of the screeners is to relieve fire, police, and medics in caring for chronic users. Screeners also patrol the downtown core seeking persons in need of service and transporting them from the Sobering Center to other service providers. The screener's job descriptions are currently being revised and evaluated to incorporate more case management functions into their work routine.
- **REACH Case Management.** Outreach and treatment services will be provided by the REACH team of Evergreen Treatment Services. REACH has been providing services from DSSC and will add outpatient treatment services to their focus on case management for homeless chronic substance users.
- **Onsite chemical dependency treatment.** Negotiations continue with the Seattle Indian Health Board to provide onsite chemical dependency outpatient treatment to American Indians and Native Americans. Thirty percent of Sobering Center admissions in 2008 were identified as American Indians and Native Americans.
- **Veterans Outreach Services.** This service provides veterans using sobering services a link to the range of care offered by the U.S. Department of Veterans Affairs.
- **Chemical Dependency Involuntary Treatment services.** These services ensure that frequent system users are evaluated for the appropriateness of involuntary treatment. Over 80 persons were placed in treatment at Pioneer Center North during 2008. The majority of the referrals are high utilizers of the sobering services, emergency rooms, and jails.
- **Native American Outreach.** Regular outreach will be provided by a DSHS worker who specializes in Native American issues but is able to assist persons of all ethnic backgrounds in accessing needed funding sources.

Evergreen Treatment Services/REACH Case Management program was selected in the RFP process in 2008 to provide the outreach, engagement and intensive case management services with expansions of their current services to new sites and populations to begin January 1, 2009. New office space in the Markham Building in Belltown was secured (five year lease) to serve as the REACH team's home office. Staff schedules and assignments are in place to expand the population and locations served. Weekly on-site hours have been established at DSSC, Chief Seattle Club, REACH home office, Angeline's Day Center, Compass Center/Family and Adult Service Center.

Referral agreements are in place for REACH staff to accept referrals for chemically dependent homeless individuals from the Department of Corrections NCI van, Public Health/Jail Health Services, Harborview Medical Center Emergency Department, the Lazarus Center, VA Addictions program, and Public Health /Needle Exchange. Entities that have collaborative working relationships that result in regular referrals to REACH include the Belltown Department of Social & Human Services, Metropolitan Improvement District, Seattle Police Department, and King County Veterans Services.

King County DCHS and Public Health staffs have begun discussions regarding the composition of a Client Coordination Team to serve the recast system. Currently cases are staffed at the High Utilizer Group. This twice-monthly collaboration of service providers and local government staff focuses on persons with chronic use disorders who appear frequently for services at hospitals, jail and sobering services. The complex and chronic needs of these persons cannot be met effectively or efficiently in these high-cost settings. Frequent users are often involved in several systems of care (primary and behavioral health, social services, criminal justice, and housing systems).

Supervisors from Public Health, ESP and REACH currently meet twice monthly to discuss ways to improve collaboration and communication among their teams. An integrated database is also under evaluation to increase communication between the teams.

DSSC has begun to serve as the primary referral source for the Wintonia Hotel. This permanent housing program houses 92 low-income residents. DSSC referred the first clients in April 2009.

SERVICES PROVIDED

Number Served. Funding that restored ESP to 24/7 service enabled ESP to serve 2,311 individuals during the expanded hours. Of that total, 1,940 individuals were transported to services to help ensure their safety and gain access to more supportive levels of care. A total of 779 individuals were transported to DSSC.

Living Situation. All those transported to services were homeless.

Living Situation	
Homeless	1,940
Not Homeless	0

Age Group. Age is not collected by ESP. All individuals served are over 18.

Gender. Just over 80% of those served were male.

Gender		
Male	1,609	80%
Female	394	20%

SUCCESS STORY

During the summer of 2008 two REACH outreach workers went to a homeless encampment site under a freeway off-ramp. The team was told that an occupant of the encampment had been encountered previously by the police, and although he was unable to sit or stand due to the pain he was experiencing, he had refused care when an ambulance was called to the scene. When REACH made the first contact with **Phil** (not his actual name), he was lying awake on an old coil mattress under the ledge of the overpass. The encampment was littered with the refuse of Phil's daily life: food wrappers and containers, cigarette butts and empty water bottles and beer cans. Phil reports he had been living under the off-ramp for over 16 years, isolated and lonely. Phil's story, filled with trauma and years of setbacks and broken trust is not unlike many of those living on the margins of society. Although he had in the past refused help, he was receptive to the non-judgmental REACH approach.

Phil, a Caucasian, 54-year-old man, had been diagnosed with diabetes four years earlier, but had not received any medical care or medication for some time. Because of untreated diabetes, he had severe neuropathy and the associated pain was excruciating. A Healthcare for the Homeless/REACH nurse visited Phil under the bridge. Phil initially refused to seek any other medical care but after several visits, he agreed to go to a medical clinic for care. With encouragement and reminders from the team, Phil resumed a medication regimen and his pain decreased over time.

After weeks of visits to the encampment site by the outreach team, Phil ventured out, first to the Sobering Center, then to a REACH mental health practitioner, and then to a doctor at the Pike Market Medical Clinic. During this period, Phil came to a decision to go into inpatient treatment for his dependence on alcohol. Staff at the Sobering Center worked with Pioneer Center North (PCN), Recovery Centers of King County and the REACH team in order to set up bed dates for medical detox and inpatient treatment for Phil and used the ESP van to transport Phil at the appointed times.

Phil completed the 60-day treatment program at PCN. Though he expressed considerable ambivalence about leaving his spot under the bridge for a home in permanent housing, Phil's REACH Case Manager was able to find him an independent apartment near the bridge he once called home, as well as a Shelter Plus Care voucher to help with his rent and expenses.

To help Phil succeed in his new home, REACH staff members meet with Phil regularly to coordinate his care with other providers and act as a stabilizing force in his life. Phil was just approved for GA-X and is applying for SSI. Phil is currently in his fourth month in his apartment. During a Sharehouse appointment, he was able to gather a few miscellaneous items to transform the apartment into home. He now has pots, pans, a nightstand and a TV. Phil recently stated that his neuropathy is better and was even able to walk down to the Duwamish and enjoy a nice day in the Seattle sun.

Phil sometimes reminisces on where he has been and how far he has come, "Man, I wouldn't have survived another year under that ledge."

FOR MORE INFORMATION

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